

## DECLARATION FOR PATENT APPLICATION (Foreign Agent Involved)

Docket Number (Optional)

24515 US

As a below named inventor, I hereby declare that: \*Abschirmung

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled  
In einem Kunststoffgehäuse gekapselter Näherungsschalter mit\*, the specification of which

is attached hereto unless the following box is checked:

☐ was filed on \_\_\_\_\_ as United States Application Number or PCT International Application  
 Number \_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

202 11 087.7

Germany

23/07/2002

Priority Claimed

(Number)

(Country)

(Day/Month/Year Filed)

☒ Yes ☐ No

(Number)

(Country)

(Day/Month/Year Filed)

☐ Yes ☐ No

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

(Application Number) \_\_\_\_\_ (Filing Date) \_\_\_\_\_ (Status - patented, pending, abandoned) \_\_\_\_\_

(Application Number) \_\_\_\_\_ (Filing Date) \_\_\_\_\_ (Status - patented, pending, abandoned) \_\_\_\_\_

The undersigned hereby authorizes the U.S. attorney or agent named herein to accept and follow instructions from Anwaltsbüro RIEDER & PARTNER as to any action to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorney or agent and the undersigned. In the event of a change in the persons from whom instructions may be taken, the U.S. attorney or agent named herein will be so notified by the undersigned.

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Martin A. Farber, Esq., Reg. No. 22,345

Address all telephone calls to Martin A. Farber at telephone number (212) 758-2878

Address all correspondence to 866 United Nations Plaza, New York, NY 10017, Suite 473

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor (given name, family name) 5ABC9 (unknown)

Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence ABC (unknown) Citizenship ABC (unknown)

Post Office Address ABC (unknown)

Full name of second joint inventor, if any (given name, family name) \_\_\_\_\_

Second Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_ Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_

☐ Additional inventors are being named in a separate sheet attached hereto.